

SPLITTING HEADACHE

As the government reins in public spending, a new way of dividing up the pot to help England's young drug users is under intense scrutiny. **Andy McNicoll** on a system that is already taking some flak from the field...

Radical changes to the way the £25m young people's pooled treatment budget is split among local partnerships could see some areas facing key funding for drug and alcohol treatment cut by up to 60 per cent within two years.

A 'fairer' funding scheme being phased in by the government from April will see local allocations for 2010-2012 linked to an area's score on the Index of Child Wellbeing, which measures deprivation factors affecting young people.

Until now, local funding for under-18s treatment has been dictated by historical spend by Drug Action Teams, who agreed to invest a 'top slice' of their adult pooled treatment budget in young people's services.

The National Treatment Agency and Department for Children, Schools and Families are introducing the new funding framework to address 'unjustifiable disparities' in local investment in young people's treatment. Under the 'top slice' system, some DATs committed just £270 per young person treated, compared to £9,000 per head in other areas.

Under the new system, just over half of the 149 local partnerships in England will get more cash than previous years, leaving the rest facing reductions, some as much as 60 per cent.

Birmingham's budget is forecast to more than double within two years, thanks to an additional £600,000. But Bolton, the worst hit area, is facing a £260,000 deficit by 2011/12 – which council bosses admit could spell "potential disaster" for services.

Druglink contacted a number of young people's commissioners and service managers affected by the new funding framework to gauge its impact. All recognised the need for an alternative funding system to the 'top slice' approach, but a number of concerns were raised over the new Index of Child

Wellbeing-based system.

Many questioned the government's decision to pool and redistribute the entire 'top slice' amounts that each DAT had previously allocated, rather than a percentage. Some felt the approach unduly rewarded areas that had historically underfunded young people's treatment and punished DATs which had previously made substantial contributions to under-18s services from their adult budgets.

"Some DATs that didn't commit much money before are now seeing massive increases. But in reality that's someone else's budget compensating for their shortfall," said one commissioner, whose area is among the worst affected by the cuts. "Other areas that invested heavily in young people's treatment have now lost that money. The perverse thing is, they could have preserved it if they'd never invested it in the first place and kept it in their adult budget."

Questions were also raised over the use of the Index of Child Wellbeing as the sole method of calculating local need for services. A common view was that deprivation is an important factor in young people's drug and alcohol use, but it shouldn't be the only measure of treatment need.

While the Index doesn't include local prevalence of drug and alcohol use among under-18s, it has some deprivation measures that are relevant to substance misuse – such as the levels of crime in an area. But, on the other hand, it contains some measures that seem less relevant to drug use – such as the number of bird species in an area.

"There's no mention of numbers of young people using heroin or crack cocaine, numbers seeking treatment, or the types of people coming forward to services," one commissioning manager told Druglink. "If it was being judged on those types of things, I think people

could see a rationale for it. But it isn't. I said to the NTA – if we find more young problem drug users in our area in future years will that affect the amount we get? They said no."

Lynn Bransby, NTA Head of Delivery (South) and National Lead for Families and Young People, told Druglink that prevalence isn't factored into the formula because like for like comparisons between areas were difficult due to different service configurations. She said that the funding system is "as fair as possible" and highlighted the NTA, DCSF and Department of Health's endorsement of the framework.

Bransby said the young people's pooled treatment budget needs to be viewed as a contribution to a wider budget for children's services addressing the broader needs of vulnerable young people. She said the NTA was concerned that, in the past, some areas' pooled treatment budget contributions had been used to subsidise other bits of young people's services. "There needs to be recognition from other budgets that substance misuse is a part of the overall process," she said.

However, in areas facing cuts, none of the people we spoke to were confident of shoring up shortfalls from other children's services funding streams in the current financial climate. A commissioning manager whose council, PCT and DIP programmes were also braced for cuts said the belt-tightening being felt by young people's services might be a sign of things to come for the drug treatment field in general. "Increased demand and reduced resource is going to be a problem for all drug services – children's and adults," she said. "It's very difficult to be optimistic. I fear that young people's health will suffer as a result."